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Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

Wendy Scott

(Signature of Person Mailing Paper or Fee)

RECEIVED
FEB 03 2004
TC 1700

Application Number : 10/029,041
Applicant : Youping Zhang et al.
Filed : December 20, 2001
TC/A.U. : 1756
Examiner : Rosasco, Stephen D.

Confirmation Number: 3647

Docket Number : NMTC-0755
Customer No. : 30,185

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

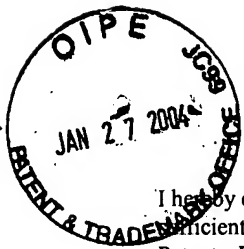
AMENDMENT

Sir

In response to the office action of **October 27, 2003**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.



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1756

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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed October 27, 2003.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

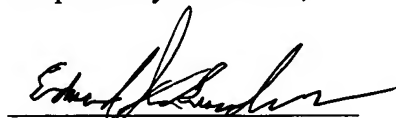
[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$___ is enclosed.
[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. NMTC-0755).

Respectfully submitted,

By



Edward J. Grundler
Registration No. 47, 615

Date: January 23, 2004

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